

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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12		5				
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TOTAL IND. **10**

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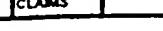
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TOTAL DEP.

**10**

TOTAL CLAIMS

**20**



CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND. **10**

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TOTAL DEP.

**10**

TOTAL CLAIMS

**20**

